Meaingful Use in 2014: Flexible Reporting Option

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- 2014 Fall Conference: Data! - What is it good for?
  - Friday, October 24th @ UC Drake Center
  - Or go to http://www.Eventbrite.com and search for CSOHIMSS
Final Rule for Meaningful Use Incentive Reporting in 2014


- Final rule published September 4, 2014 in the Federal Register: FR Vol. 79, pp. 52910 – 52933 (79 FR 52910); finalizes other sections besides original proposed rule of May 23, 2014

2014 MU Attestation Timelines
Attestation Timelines Remain the Same

Rule does not change or extend the reporting periods for 2014 attestation:

- The latest attestation period for Medicare/Medicaid hospitals for either Stage 1 or Stage 2 is July 1 – September 30, 2014 (90 days for Medicaid). Attestation submission must be by November 30, 2014 for any quarter in FY 2014 that is used as the attestation period.

- The latest attestation period for physicians/EPs for Medicare is October 1 – December 31, 2014. Attestation submission must be by February 28, 2015:
  - EPs past their 1st year of Medicare MU will report by quarter for ANY quarter in calendar year 2014.
  - EPs in any year of Medicaid MU will report for any 90 day period in calendar year 2014.
  - EPs attesting for the 1st time—either Medicare or Medicaid—will report for any 90 day period in calendar year 2014.

Attestation Timelines for 1st Time Attesters in 2014

- EPs who are 1st time attesters to Meaningful Use in 2014 and who wish to avoid the 1% Medicare payment penalty in 2015:
  - If filed for a hardship exception by July 1, 2014, then have until February 28, 2015 to attest for any 90 day reporting period in 2014.
  - If did not file for a hardship exception, must attest no later than October 1, 2014 to avoid the 2015 payment penalty and receive EHR incentives.
  - If did not file for a hardship exception and attests after October 1, 2014 for 2014, will receive the EHR incentives but will also receive a 1% payment penalty in 2015.
Meaningful Use Reporting for 2015

The rule does not change any requirements for 2015 MU attestation:

- All providers will be required to have 2014 Edition CEHRT in place by the beginning of their 2015 reporting period.

- If an EH or EP is beyond the first year of reporting, they will be required to attest for a 365 day period in 2015:
  - EHs: October 1, 2014 – September 30, 2015

Changes to 2014 Meaningful Use: What is “Flexible Reporting?”
What the Flexible Reporting Option Means

- Creates new look-back categories for both Stage 1 and Stage 2 attestation for 2014, including use of 2013 MU measures.
- Changes the requirement that all EHs and EPs must use 2014 CMS certified technology (CEHRT) for 2014 attestations.
- Allows use of 2011 CMS certified technology or a combination of 2011 and 2014 CMS certified technology (as well as 2014 CMS certified technology).

How to Use the Flexible Reporting Option: What Stage to Report?

“The edition of certified EHR technology available to a provider dictates the stage and version of the Meaningful Use objectives and measures that the provider will be able to meet.”

--79 FR 52913
Options for Meaningful Use Reporting Specific to 2014

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<tr>
<td>Stage 1 in 2014</td>
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<td>1) “2013 Stage 1 Measures and CQMs; OR 2) “2014 Stage 1 Measures and CQMs”</td>
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<tr>
<td>Stage 2 in 2014</td>
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<td>1) “2013 Stage 1 Measures and CQMs; OR 2) “2014 Stage 1 Measures and CQMs; OR 3) “Stage 2 Measures and CQMs”</td>
<td>2014 Stage 1 Measures and CQMs</td>
</tr>
</tbody>
</table>

*Only providers that could not fully implement 2014 Edition CEHRT for the reporting period in 2014 due to delays in 2014 Edition CEHRT availability.*

If You Are Scheduled to Report Stage 1 in 2014

If your first year of meeting MU was in 2013, or will be in 2014, these are your reporting options:

If you cannot fully implement a 2014 Edition CEHRT due to delays in 2014 CEHRT availability:

- Can attest using 2011 CMS certified EHR (CEHRT), but need to attest to 2013 Stage 1 measures and CQMs.
- Can attest using 2011 and 2014 combined certified EHR technology and attest to either 2013 Stage 1 measures and CQMs or 2014 Stage 1 measures (including patient portal) and CQMs.

If your 2014 Edition CEHRT system is fully implemented:

- Can attest using 2014 CEHRT and attest to 2014 Stage 1 measures and CQMs.
If You Are Scheduled to Report Stage 1 in 2014

Clinical Quality Measures Reporting for Stage 1

- If reporting using 2013 measures, then use 2013 CQMs (i.e., 15 required CQMs for EHs; 3 required and 3 selected CQMs for EPs).

- Providers attesting for 2013 Stage 1 using 2011 Edition CEHRT or 2011/2014 Edition CEHRT can use a different quarter of data to draw their CQM information than the MU attestation period.

- Providers attesting for 2013 Stage 1 using 2011/2014 Edition CEHRT can report on less than the full reporting period's CQMs.

- If reporting using 2014 measures, then EHs report on 16 CQMs across 3 domains and EPs report on 9 CQMs across 3 domains. Providers can attest to 2014 CQMs using either attestation or electronic reporting for the CQMs.

If You Are Scheduled to Report Stage 2 in 2014

If you cannot fully implement 2014 Edition CEHRT due to delays in 2014 CEHRT availability:

- Can attest using 2011 CMS certified EHR (CEHRT), but need to attest to 2013 Stage 1 measures and CQMs.

- Can attest using 2011 and 2014 combined certified EHR technology and attest to:
  - 2013 Stage 1 measures and CQMs, or
  - 2014 Stage 1 measures (including patient portal) and CQMs; or
  - 2014 Stage 2 measures and CQMs.

- Can attest using 2014 CEHRT and attest to:
  - 2014 Stage 1 measures and CQMs.

If you are fully implemented on 2014 Edition CEHRT, you will attest to Stage 2 measures and CQMs. CQMs can be reported electronically or by attestation.
If You Are Scheduled to Report Stage 2 in 2014

Clinical Quality Measures Reporting for Stage 2

- If reporting using 2013 measures, then use 2013 CQMs (i.e., 15 required CQMs for EHs; 3 required and 3 selected CQMs for EPs).
- If reporting using 2014 measures, then EHs report on 16 CQMs across 3 domains and EPs report on 9 CQMs across 3 domains. 5 clinical decision support rules must be linked to 4 of the CQMs.

How the Proposed Rule Affects Medicaid Reporting

- Proposed rule requires that any EH or EP attesting for the first time with Medicaid for AIU (Adopt, Implement or Upgrade) use CEHRT that is 2014 CMS certified.
- Medicaid will adopt the flexible rule reporting guidelines.
- Ohio MPIP has not identified the process to be used yet.
Changes to 2014 Meaningful Use: What is “Flexible Reporting?”

Stage 1 Public Health Reporting Measures in 2014

- **Test Message Sent in Prior Year/Flexible Reporting Option Used:** If a provider sent a test message to a public health agency in a previous EHR reporting period – and chooses to report 2013 Stage 1 objectives and measures or 2014 Stage 1 objectives and measures for the 2014 reporting period with one of the alternate options for the use of CEHRT – the provider is not required to send another test message to meet the public health measure for the 2014 reporting period.

- **Test Message Sent in Prior Year/No Flexible Reporting Option:** If a provider is attesting to Stage 1, Year 2 and is not using the flexible reporting option (i.e., is using a 2014 certified system and is able to attest to 2014 Stage 1 standards), then the provider is required to submit a test message for public health reporting.

- **1st Time Attesters:** If a provider has never met Meaningful Use before and is at Stage 1, Year 1 in 2014, the provider is required to submit a test message for public health reporting.
Stage 2 Public Health Reporting Measures in 2014

Stage 2 Attesters: There is no change in public health reporting for Stage 2 attestation.

Stage 2 Transitions of Care/Interoperability Measure in 2014

- Reporting Exception Created for Stage 2 Interoperability (Stage 2 Core Measure 12 for EH; Stage 2 Core Measure 15 for EP): For Subsection 2 of the transitions of care measure for MU, which requires 10% of the transitions of care CCD-A documents to be sent electronically, a limited exception is created to allow for Stage 2 attestations to revert to Stage 1 2014 Measures for 2014 attestations only.

- This reporting exception to be used only when attesting provider is unable to meet the measure because receiving providers were impacted by issues related to 2014 Edition CEHRT availability delays, and therefore could not implement the functionality required to receive the electronic summary of care document (CCD-A).

- MUST retain documentation clearly demonstrating that they were unable to meet the 10% threshold for the measure due to the receiving party’s inability to receive documents electronically because of CEHRT availability delays.
Providers at More than One Location in 2014

EPs practicing at multiple locations who have been unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 due to CEHRT availability delays may attest as follows:

- Multiple locations with <50% of patient encounters at locations with 2014 CEHRT: If an EP uses different editions of CEHRT at multiple locations (i.e., 2011 and 2014 certified versions), then the provider may choose to use the alternate CEHRT option that is best applied for his or her patient encounters across all locations during the reporting period.

- Multiple locations with >50% of patient encounters at locations with 2014 CEHRT: If an EP has over 50% of the patient encounters during the reporting period at locations equipped with 2014 CEHRT which has been fully implemented, the EP would NOT be eligible to use the flexibility options in this rule and should limit their denominators to only those patient encounters in locations equipped with fully implemented 2014 CEHRT.

Audit Issues with Flexible Reporting
Attestation Statement Required When Using the Flexible Reporting Option

This is the statement providers will be required to attest to when using one of the flexible reporting options in 2014:

“Providers who choose this option must attest that they are unable to fully implement 2014 Edition CEHRT (Certified EHR Technology) because of issues related to 2014 Edition CEHRT availability delays when they attest to the meaningful use objectives and measures.”

Acceptable Reasons for Using the MU Reporting Flexibility Option in 2014

Besides lack of 2014 certification by the vendor, CMS has identified the following reasons why an EH or EP can use another reporting option other than the one that was scheduled for 2014 reporting:

- A provider’s inability to fully implement 2014 Edition CEHRT based on one or more delays related to software development, certification, testing, and release of the product by the EHR vendor which affected 2014 CEHRT availability.

- If the 2014 Edition CEHRT is installed, the provider may still utilize the flexible reporting options for 2014 MU attestation if availability is delayed due to:
  - Vendor software updates either delayed or missing
  - Software functionality issues such as patches or updates to correct a software bug or application error
  - Software that is missing some of the required components or that creates a safety issue
Unacceptable Reasons for Using the MU Reporting Flexibility Rule

If you are audited on a 2014 MU filing, CMS has identified the following reasons they will NOT accept as an explanation for why an EH or EP did not meet the established reporting timeline for 2014:

- Financial hardship
- Inability to meet the required threshold for specific Meaningful Use measures
- Staff changes and turnover
- Provider’s inaction in purchasing or delay in implementing 2014 Edition CEHRT

Documentation to Retain for Audits

“Auditors will be provided guidance related to reviewing attestations associated with the options for using CEHRT.”

“Requiring auditors to work closely with providers on the supporting documentation needed applicable to the provider’s individual case.”

“We believe that such case-by-case review will allow us to adequately account for the varied circumstances that may result in a provider selecting a different CEHRT option.”

“The referring provider must retain documentation clearly demonstrating that they were unable to meet the 10 percent threshold for the measure to provide an electronic summary of care document for a transition or referral.”
Recommendations for Audit Documents

- Narrative that clearly outlines your organization’s “story.”
- Letter from vendor(s) detailing certification and/or other issues.
- If rolling back due to software creating patient safety issue
  - Screenshots of error/bug and associated case/ticket
  - Statement from vendor(s)
- For TOC driven decision, statement from potential receiving hospitals/providers.
- Public health test messages from previous year.

2014 MU Attestation Process
Attestation Process

Selection of the 2011 or 2014 Meaningful Use standard driven by the CMS
EHR Certification ID provided by the CHPL website

- Certified Health IT Product List
- http://oncchpl.force.com/ehrcert/
Your Search Results: Showing 1-10 of 10 Products Found

<table>
<thead>
<tr>
<th>Matching Product</th>
<th>Certified Body</th>
<th>Vendor</th>
<th>Product Version</th>
<th>Product Classification</th>
<th>Certification Year</th>
<th>Additional Software Required</th>
<th>Add to Cart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Group 1</td>
<td>Massachusetts</td>
<td>Fasano</td>
<td>10.0</td>
<td>Modular EHR</td>
<td>2011</td>
<td>Email software for demonstrating a exchange of patient summary records</td>
<td>Add to Cart</td>
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<td>Massachusetts</td>
<td>Fasano</td>
<td>10.1</td>
<td>Modular EHR</td>
<td>2011</td>
<td>1-Zip and email software</td>
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Certified Health IT Product List

Selected Attestation: Combination of 2011 and 2014 Edition - Inpatient

STEP 6: REQUEST CMS EHR CERTIFICATION ID

Certification Bar Summary

The certification bar provides a summary of the criteria that are met by products in your cart. Each criteria highlighted in blue has been met by products in the cart; criteria in gray have not.

EHR technology designed for an ambulatory setting (to be used by office-based providers) must be certified all of the certification criteria applicable to all EHRs (170.310.320) and 45 CFR 170.306.

Placing your mouse over or clicking the individual criteria in the certification bar to learn more about each criteria.

Note: Certification criteria for Accountability of Disclosures (§ 170.306(h)) is optional for systems or technologies seeking certification. Thus, even if your product is not certified for the criteria in your cart can still meet 100% of the required certification criteria.

General Criteria (170.310.320) & Inpatient Criteria (170.306(h))

Requesting Your CMS EHR Certification ID

If the product(s) in your cart meet 100% of the required criteria, you can then order the CMS EHR Certification ID.

If the product(s) in your cart do not meet 100% of the required 2014 criteria, click “Return to Search Options” and continue to add additional products.
### Step 4: Add Products to Your Cart

To add a certified complete EHR product (or EHR module) by your cart, click the "Add to Cart" link in the far-right column of the table below. You can add multiple products to your cart after selecting products for your cart, you will be directed to the cart page. The cart page displays the certification criteria that are met by the product(s) in your cart. Once the product(s) in your cart meet 100% of the required criteria, you can obtain a CMS EHR Certification ID.

The "Certification Year" column indicates the edition of EHR certification criteria to which the products certified to. You can sort on any column in the table below. To sort, click on the column header and the arrow (↑ or ↓) will confirm the ascending or descending sorting order.

<table>
<thead>
<tr>
<th>Matching Product</th>
<th>See Complete Products Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Certifying Body</strong></td>
<td><strong>Vendor</strong></td>
</tr>
<tr>
<td>Drummond Group Inc.</td>
<td>InSyteHealth</td>
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<td>Roper</td>
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</tbody>
</table>

### Step 5: Request CMS EHR Certification ID

**Certification Bar Summary**

The certification bar provides a summary of the criteria that are met by products in your cart. Criteria highlighted in blue have been met by products in the cart, criteria in gray have not.

EHR technology designed for an inpatient setting to be used by eligible hospitals must be certified to all of the certification criteria adopted at 45 CFR 170.302 and 45 CFR 170.303.

Place your mouse over or click the individual letters in the certification bar to learn more about each criterion. Note: Certification criteria for Accounting of Disclosures (§ 170.320) are optional for systems or technologies seeking certification. Thus, even if it is gray in your certification bar, the product(s) in your cart can still meet 100% of the required certification criteria.

**General Criteria (170.302)**

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**Inpatient Criteria (170.303)**

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**Requesting Your CMS EHR Certification ID**

If the product(s) in your cart meet 100% of the required criteria, you can then obtain a CMS EHR Certification ID.

If the product(s) in your cart do not meet 100% of the required 2011 criteria, click "Return to Search Options" link and continue to add additional products.

**2 Products in Cart**

- **Certifying Body**: Drummond Group Inc.
  - **Inpatient**
    - **Product**: InSyte Health
      - **Product Version**: 11.5
      - **Product Classification**: Complete EHR
      - **Certification Year**: 2011
      - **Additional Software Required**: 7-Zip, email software
    - **Inpatient**
      - **Product**: Quality Efficiencies™ for Hospitals
      - **Product Version**: 12.1 & 2.1
      - **Product Classification**: Complete EHR
      - **Certification Year**: 2014
      - **Additional Software Required**: Add to Cart

**Options**

- Empty Cart
- Return to Search by Field
- Return to Search Options
Comments from Other Organizations
CHIME
CHIME is deeply disappointed in the decision made by CMS and ONC to require 365-days of EHR reporting in 2015. This single provision has severely muted the positive impacts of this final rule. Further, it has all but ensured that industry struggles will continue well beyond 2014.

MGMA
Senior Policy Adviser Robert Tennant said that while MGMA appreciates the rule's focus on certified EHR software, many of the prevailing issues with the meaningful use program were not addressed. Specifically, he said the rule ignores that "some of the new [meaningful use] requirements have proven to be extremely onerous and forced [eligible providers] to rely on the actions of third parties."

John Halamka, CIO, Beth Israel Deaconess Medical Center
"Although certified products may have been introduced into the marketplace, the time to implement, train and ensure safe use exceeded the Stage 2 time limits."

Other Issues Addressed in the Rule
Other Issues Addressed in the Rule

- Officially extends Stage 2 for an additional year to include 2016. Stage 3 would begin with 2017 reporting period.

- Officially finalizes the proposed alternate measure for Stage 2 MU for hospitals sending electronic lab results to ambulatory providers. Allows hospitals to calculate the 20% required by using all lab orders received in the denominator rather than only those orders sent electronically.

- Makes the patient portal measure (View, Download and Transmit) calculation of the denominator use unique patients discharged by the hospital’s inpatient or ED department during the EHR reporting period.

- Technical corrections to the 2014 CQM electronic specifications were accepted.

Other Issues Addressed in the Rule

Hospital CQM exemption for 5 or fewer discharges:

- Hospital CQM exemption for 1st time attesters: EHs with 5 or fewer discharges during the reporting period or 20 or fewer discharges during the year for the CQM’s denominator population could claim an exemption.

- To claim the exemption, hospitals must submit aggregate population and sample size counts for Medicare and non-Medicare discharges for the denominator population for the CQM.
## Recap

- **Determine status of EHR certification and functionality**
- **Determine reporting options and measures that must be met**
- **Determine CQMs required and any corresponding functionality needed (CDS)**
- **Obtain CMS EHR attestation # from CHPL site for 2011 and/or 2014 technology used**
- **Enter CMS certification # at beginning of attestation to identify reporting track**
- **Maintain any documentation needed to explain reporting option selected**

### Flowsheet for 2014 Meaningful Use Reporting

<table>
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<th>2014 Reporting Options and Attestation Process</th>
<th>Determine status of EHR certification and functionality</th>
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<td></td>
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</tbody>
</table>
Final Thoughts

If you have attested to MU prior to 2014 and still are unable to meet MU in 2014 due to vendor delays or implementation issues, then plan on filing a hardship exception to avoid Medicare payment penalties in 2016.

- For EHs, the hardship exception filing for not being able to meet MU in 2014 is due April 1, 2015.
- For EPs, the hardship exception filing for not being able to meet MU in 2014 is due July 1, 2015.

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- Guidance on aligning CQMs & other quality programs
- http://www.clinisync.org
Questions?

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